



KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

Health Information Designs, LLC

Summer 2015

Welcome to the Summer 2015 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

Helpful Web Sites

KMAP Web Site

<https://www.kmap-state-ks.us/>

KDHE-DHCF Web Site

<http://www.kdheks.gov/hcf/>

KanCare Web Site

<http://www.kancare.ks.gov/>

Fee-For-Service (FFS)

Helpful Numbers

Provider Customer Service (Provider Use Only)

1-800-933-6593

Beneficiary Customer Service

1-800-766-9012

KMAP PA Help Desk

1-800-285-4978

In This Issue

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Asthma Management and Prevention

The Global Initiative for Asthma (GINA) is supported by a Board of Directors and committees that have been established to raise awareness about asthma and review scientific literature to determine the best care for patients to improve prevention and management of asthma. After a revision in 2014, GINA updated their report, *Global Strategy for Asthma Management and Prevention*, to incorporate new evidenced-based information for 2015.

After a diagnosis of asthma has been established, disease control, symptoms, and exacerbations should be routinely reviewed. Asthma symptoms such as wheezing, shortness of breath, chest tightness, and cough vary in frequency and intensity. Poor symptom control is associated with an increased risk of asthma exacerbations. The long-term goals of asthma management are specific to each patient and include: achieving good symptom control, maintaining normal activity levels, and minimizing the risk of future exacerbations. Pharmacological and non-pharmacological treatment is adjusted in a continuous cycle that involves assessment, adjusting treatment, and reviewing response. This control-based asthma management strategy has been shown to improve asthma outcomes.

Assessing Asthma

- Assess symptom control over the last 4 weeks
- Identify risk factors for exacerbations
- Measure lung function at diagnosis, 3-6 months after starting treatment, then periodically
- Assess adherence and inhaler technique
- Assess comorbidities that may contribute to symptoms and poor asthma control

Adjusting Treatment

Stepping up asthma treatment

- Short-term (1-2 weeks): during viral infection or allergen exposure
- Sustained (for at least 2-3 months): if symptoms persist despite 2-3 months of compliance, correct technique, and avoidance of modifiable risk factors

Stepping down asthma treatment

- Considered once good asthma control has been achieved and maintained for 3 months
- Reduce the ICS dose by 25-50% at 2-3 month intervals
- Do not completely withdraw ICS unless it is needed temporarily

Asthma Management and Prevention (cont.)

Reviewing Response

- Patients with asthma should preferably be seen 1-3 months after starting treatment and every 3-12 months thereafter. The frequency of this is dependent on the patient's initial level of control, response to previous therapy, and compliance with an action plan.
- In pregnancy, patients should be seen every 4-6 weeks.
- After an exacerbation, the patient should be seen within 1 week.

Preferred Approach to Asthma Treatment in Patients 6 Years of Age and Older

Step 1	Step 2	Step 3	Step 4	Step 5
As-needed SABA	Regular low dose ICS (plus SABA)	Daily low dose ICS/LABA (plus SABA) or ICS/ formoterol	Daily low dose ICS/ formoterol (plus SABA) or medium dose ICS/LABA (plus SABA)	Refer for expert investigation and add-on treatment (e.g., immunotherapy)

SABA: short-acting beta-agonist; ICS: inhaled corticosteroid; LABA: long-acting beta-agonist

Low, Medium, and High Daily Doses of Inhaled Corticosteroids (mcg)

Inhaled corticosteroid	Children 6-11 years			Adults and adolescents		
	Low	Medium	High	Low	Medium	High
Beclometasone (CFC)*	100-200	>200-400	>400	200-500	>500-1000	>1000
Beclometasone (HFA)	50-100	>100-200	>200	100-200	>200-400	>400
Budesonide (DPI)	100-200	>200-400	>400	200-400	>400-800	>800
Budesonide (nebulus)	250-500	>500-1000	>1000			
Ciclesonide (HFA)	80	>80-160	>160	80-160	>160-320	>320
Fluticasone (DPI)	100-200	>200-400	>400	100-250	>250-500	>500
Fluticasone (HFA)	100-200	>200-500	>500	100-220	>250-500	>500
Mometasone furoate	110	>220-440	>440	110-220	>220-440	>440
Triamcinolone acetonide	400-800	>800-1200	>1200	400-1000	>1000-2000	>2000

CFC: chlorofluorocarbon propellant; DPI: dry powder inhaler; HFA: hydrofluoroalkane propellant

*Included for comparison with older literature

References:

- I. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2015. Available from: www.ginasthma.org

Preferred Drug List

The Preferred Drug List (PDL) is maintained by KDHE-DHCF. Each MCO and KMAP follows the same PDL. Below is a list of current preferred agents. A complete list of both preferred and non-preferred agents may be found on the KDHE-DHCF Web site. The Preferred Drug List is typically updated on the first of each month; please visit the KDHE-DHCF Web site for the most recent version: <http://www.kdheks.gov/hcf/pharmacy/druglist.html>.

Allergy, Asthma, & COPD Agents	Muscle Relaxants (Spasticity)	Combination Products for Hyperlipidemia	Ulcerative Colitis
	Lioresal® (baclofen) Zanaflex® (tizanidine)* *tablets only	Liptruzet® (ezetimibe/atorvastatin) Vytorin® (ezetimibe/simvastatin)	*Clinical PA may be required Humira® (adalimumab)
Combination Products for Allergic Rhinitis	Ophthalmic NSAIDs	Fibrin Acid Derivatives	Cardiovascular Agents
	Acular® (ketorolac) Acular LS® (ketorolac) Acuvail® (ketorolac) Ilevro® (nepafenac) Nevanac® (nepafenac) Ocufen® (flurbiprofen) Voltaren® Ophthalmic (diclofenac)	Fenofibrate generics Lopid® (gemfibrozil)	ACE Inhibitors
Short-Acting Beta₂-Agonists	Topical NSAIDs	Statins	ACE Inhibitors/CCB Combos
	Flector® Patch (diclofenac) Pennsaid® (diclofenac)* *branded products only	Lipitor® (atorvastatin) Mevacor® (lovastatin) Pravachol® (pravastatin) Zocor® (simvastatin)	Lotrel® (benzapril/amlodipine)
Long-Acting Beta₂-Agonists	Oral NSAIDs	HoFH Agents	ARBs
	*Clinical PA may be required Brovana® (arformoterol) Striverdi Respimat® (olodaterol)	Kynamro® (mipomersen)	Benicar® (olmesartan) Benicar HCT® (olmesartan/HCTZ)
Inhaled Long-Acting Beta₂-Agonists/Corticosteroids	Inhaled Long-Acting Beta₂-Agonists/Corticosteroids	Hypertriglyceridemia Agents	Cozaar® (losartan) Diovan® (valsartan)
	Advair® (fluticasone/salmeterol) Dulera® (formoterol/mometasone) Symbicort® (budesonide/formeterol)	Lovaza® (omega-3 acid ethyl esters)	Diovan HCT® (valsartan/HCTZ)
Inhaled Corticosteroids	Anti-Infectives	Antiherpes Virus Agents	Hyzaar® (losartan/HCTZ)
	Asmanex® (mometasone) Flovent® (fluticasone) Pulmicort Flexhaler® (budesonide) Pulmicort Respules® (budesonide)* *≤6 years of age only QVAR® (beclomethasone)	Zovirax® (acyclovir)* *oral dosage forms only	ARB/CCB Combos
Intranasal Antihistamines	Inhaled Tobramycin Products	Hepatitis C Protease Inhibitors	Azor® (amlodipine/olmesartan) Exforge® (amlodipine/valsartan)
	Bethkis® (tobramycin) Tobi® (tobramycin)	Harvoni® (ledipasvir/sofosbuvir) Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir)	Beta-Blockers
Intranasal Corticosteroids	Biologics	Inhaled Tobramycin Products	Coreg® (carvedilol) Inderal® (propranolol)
	Adult Rheumatoid Arthritis *Clinical PA may be required	Bethkis® (tobramycin) Tobi® (tobramycin)	Lopressor® (metoprolol tartrate) Propranolol® Intensol (propranolol)
Non-Sedating Antihistamines	Enbrel® (etanercept) Humira® (adalimumab)	Antiherpes Virus Agents	Tenormin® (atenolol)
	Xeljanz® (tofacitinib)	Zovirax® (acyclovir)* *oral dosage forms only	CCBs (Dihydropyridines)
Ophthalmic Antihistamine/Mast Cell Stabilizer Combinations	Ankylosing Spondylitis *Clinical PA may be required	Harvoni® (ledipasvir/sofosbuvir) Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir)	Adalat CC® (nifedipine ER) Cardene® (nicardipine IR)
	Enbrel® (etanercept) Humira® (adalimumab)	Enbrel® (etanercept)	Norvasc® (amlodipine) Procardia® XL (nifedipine ER)
Analgesics	Crohn's Disease *Clinical PA may be required	Humira® (adalimumab)	CCBs (Non-Dihydropyridines)
	Imitrex® (sumatriptan)* *tablets only	Enbrel® (etanercept) Humira® (adalimumab)	Calan® (verapamil IR) Calan SR® (verapamil SR)
Long-Acting Opioids	Juvenile Idiopathic Arthritis *Clinical PA may be required	Plaque Psoriasis *Clinical PA may be required	Cardizem® (diltiazem IR) Dilt-XR® (diltiazem)
	Maxalt® (rizatropin) Maxalt-MLT® (rizatropin) Relpax® (eletriptan)	Enbrel® (etanercept) Humira® (adalimumab)	Isoptin® SR (verapamil SR)
Muscle Relaxants (Skeletal)	Anticogulants	Oral	Taztia® (diltiazem ER) Tiazac® (diltiazem)
	Coumadin® (warfarin) Eliquis® (apixaban) Pradaxa® (dabigatran) Xarelto® (rivaroxaban)	Otezal® (apremilast)	Verelan® (verapamil SR)
Antihyperlipidemics	Psoriatic Arthritis *Clinical PA may be required	Central Nervous System Agents	Adjunct Antiepileptics
	Enbrel® (etanercept) Humira® (adalimumab)	Enbrel® (etanercept) Humira® (adalimumab)	Keppra® (levetiracetam) Keppra® XR (levetiracetam XR)
Bile Acid Sequestrants	Oral	Humira® (adalimumab)	Lyrica® (pregabalin)
	Colestid® (colestipol) Prevalite® (cholestyramine) Welchol® (colesevelam)	Otezal® (apremilast)	Neurontin® (gabapentin) Zonegran® (zonisamide)
Diabetic Agents	Psoriatic Arthritis *Clinical PA may be required	Non-Benzo Sedative Hypnotics	Non-Benzodiazepine Hypnotics
	Enbrel® (etanercept) Humira® (adalimumab)	Ambien® (zolpidem) Zolpidem generics	Rozerem® (remelteon)
Alpha-glucosidase Inhibitors	Oral	Non-Scheduled Sleep Agents	Diabetic Agents
	Otezla® (apremilast)	Rozerem® (remelteon)	Glyset® (miglitol)
Biguanides	Glucophage® (metformin)	Diabetic Agents	Alpha-glucosidase Inhibitors
	Metformin ER generics	Glyset® (miglitol)	Glucophage® (metformin)

The list of preferred drugs is continued on page 4. This list was updated on **8/1/2015**. Please visit the KDHE-DHCF Web site for the most current version. Please note that when a generic product is available for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is approved.

Preferred Drug List

Dipeptidyl Peptidase-4 Inhibitors

Januvia® (sitagliptin)
Tradjenta® (linagliptin)

Incretin Mimetics

*Clinical PA may be required

Bydureon® (exenatide ER)
Byetta® (exenatide)
Victoza® (liraglutide)

Insulin Delivery Systems

All multi-dose vials
Novolog® PenFill & FlexPen
Novolog® Mix PenFill & FlexPen

Long-Acting Insulin

Lantus® (insulin glargine)
Levemir® (insulin detemir)

Meglitinides

Prandin® (repaglinide)
Starlix® (nateglinide)

2nd Generation Sulfonylureas

Amaryl® (glimepiride)
DiaBeta® (glyburide)
Glucotrol® (glipizide)
Glucovance® (glyburide/metformin)
Glynase PresTab® (micronized
glyburide)
Micronase® (glyburide)

SGLT2 Inhibitors

Farxiga® (dapagliflozin)
Invokana® (canagliflozin)

Thiazolidinediones

Actos® (pioglitazone)
ACTOplus Met®
(pioglitazone/metformin)
ACTOplus Met® XR
(pioglitazone/metformin)

Gastrointestinal Agents

Pepcid® (famotidine)
Zantac® (ranitidine)

Oral Mesalamine Products

Apriso® (mesalamine DR)
Asacol® (mesalamine ER)*

***non-HD formulation**
Pancreatic Enzyme Replacements

Creon® (pancrelipase)
Ultresa® (pancrelipase)
Viokace® (pancrelipase)
Zenpep® (pancrelipase)

Proton Pump Inhibitors

Prilosec® (omeprazole)
Protonix® (pantoprazole)

Serotonin 5HT₃ Antagonists

Zofran® (ondansetron)
Zofran® ODT (ondansetron)

Gout Agents
Xanthine Oxidase Inhibitors

Zyloprim® (allopurinol)

Injectables
Erythropoiesis-Stimulating Agents

Epogen® (epoetin alfa)
Procrit® (epoetin alfa)

Growth Hormones

*Clinical PA may be required

Genotropin® (somatropin)

Norditropin® (somatropin)

Omnitrope® (somatropin)

Ophthalmic Agents
Ophthalmic Prostaglandin Analogs

Xalatan® (latanoprost)

Zioptan® (tafluprost)

Carbonic Anhydrase Inhibitors

Simbrinza® (brinzolamide/
brimonididine)

Trusopt® (dorzolamide)

Osteoporosis Agents
Bisphosphonates

Fosamax® (alendronate)

Otic Anti-Infective/Steroid Combinations
Otic Combinations

Cipro HC® (ciprofloxacin/
hydrocortisone)

CiproDex® (ciprofloxacin/dexamethasone)
Cortisporin® Otic (neomycin/
polymyxinB/HC)

Topical Lice Treatments

Sklice® (ivermectin)
Ulesfia® (benzyl alcohol)

Urologic Agents
Anticholinergic Agents

Ditropan® (oxybutynin)

Ditropan XL® (oxybutynin ER)

Enablex® (darifenacin)

Toviaz® (fesoterodine)

Vesicare® (solifenacain)

Beta-3 Adrenergic Agonists

Myrbetriq® (mirabegron)

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Health Information Designs, LLC
391 Industry Drive
Auburn, AL 36832
www.hidesigns.com

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